

040804

13281 U.S. PTO

PTO/SB/05 (08-03)

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No.	12577/35
	First Inventor	Kazuo Morita
	Title	STEREO-OBSERVATION SYSTEM
	Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 17]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 17]
5. Oath or Declaration [Total Sheets     ]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ Paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Claim for Priority and Communication

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_ /  
Prior application information: Examiner \_\_\_\_ Art Unit: \_\_\_\_

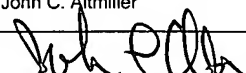
**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**☒ Customer Number

23838

OR ☐ Correspondence address below

Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	John C. Altmiller	Registration No. (Attorney/Agent)	25,951
Signature		Date	April 8, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

040804

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p>													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Unassigned</td> </tr> <tr> <td>Filing Date</td> <td>Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Kazuo Morita</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned</td> </tr> <tr> <td>Art Unit</td> <td>Unassigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>12577/35</td> </tr> </table>		Application Number	Unassigned	Filing Date	Herewith	First Named Inventor	Kazuo Morita	Examiner Name	Unassigned	Art Unit	Unassigned	Attorney Docket No.	12577/35
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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None             </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td>11-0600</td> </tr> <tr> <td>Deposit Account Name</td> <td>KENYON &amp; KENYON</td> </tr> </table> <p><b>The Director is authorized to: (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.             </p>					Deposit Account Number	11-0600	Deposit Account Name	KENYON & KENYON	<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																																		
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<p><b>SUBMITTED BY</b></p>				<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	John C. Altmeppen	Registration No. (Attorney/Agent)	25,951	Telephone	(202) 220-4200
Signature				Date	April 8, 2004

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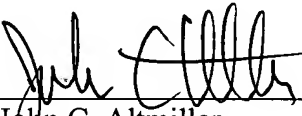
COMMUNICATION

SIR:

Please associate Customer Number 23838 with this application filing.

Respectfully submitted,

Dated: April 8, 2004

  
\_\_\_\_\_  
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